

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SEAL PAC SUPPORTING ELECTING AMERICAN LEADERS PAC		FEC IDENTIFICATION NUMBER ▼ C C00570226
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee MWPolitical, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 08 / 2020
Mailing Address 114 Karland Dr NW		Amount 15000.00
City Atlanta	State GA	Zip Code 30305-1126
Purpose of Expenditure Digital Advertising	Category/ Type	Transaction ID : E46C86328D3E34444B9A Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2020
Name of Federal Candidate Nehls, Troy, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 49250.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee MWPolitical, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 08 / 2020
Mailing Address 114 Karland Dr NW		Amount 15000.00
City Atlanta	State GA	Zip Code 30305-1126
Purpose of Expenditure Digital Advertising	Category/ Type	Transaction ID : E57A66C25064F4D21ACD Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2020
Name of Federal Candidate Van Orden, Derrick, F., ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 84250.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	30000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kilgore, Paul, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 08 / 2020

Signature

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee MWPolitical, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 08 / 2020
Mailing Address 114 Karland Dr NW		Amount 20000.00
City Atlanta	State GA	Zip Code 30305-1126
Purpose of Expenditure Digital Advertising	Category/Type	Transaction ID : EBCB1C40A2B914CE5A83 Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2020
Name of Federal Candidate Miller-Meeks, Mariannette, Jane, ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 45000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	20000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	50000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kilgore, Paul, , ,
[Electronically Filed]

Date

MM / DD / YYYY
10 / 08 / 2020

Signature